

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	CHROMATIC DISPERSION MEASUREMENT AND COMPENSATION
Attorney Docket Number::	ZAACKS3
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Mark

Middle Name:: Raymond
Family Name:: ZAACKS
Name Suffix::
City of Residence:: Petach Tikva
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 5 Rab Street
City of Mailing Address:: Petach Tikva
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 49315
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Uri

Middle Name::
Family Name:: MAHLAB
Name Suffix::
City of Residence:: Neve Savyon/Yehuda
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 17/5 Tzealon Street
City of Mailing Address:: Neve Savyon/Yehuda
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 60414

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Israel	149324	04/24/02	Yes

Assignment Information

Assignee Name::	ECI Telecom Ltd.
Street of Mailing Address::	30 Hasivim Street
City of Mailing Address::	Petach Tikva
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	49517